U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandate of under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| 3. Name and address of person filing.  Name MAVRICE Z WICKSTROM  P.O. Box, Bidg., Room No., if any  Street 851 PIERCE BUTLER ROUTE  City ST PAUL  State ZIP Code +4 557047634  Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  Trade Name, if any:  7.b. Amount.  Street  15. Signature  16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of thu undersigned sknowledge and belief, true, correct, and complete. (See the section on penalties in the instructions).   | E S J S  |  |  |  |  |
|---|--|--|--|--|--|
| 3. Name and address of person filing.  Name MAVRICE L WICKSTROM  P.O. Box, Bidg. Room No., if any  Street 851 PIERCE BULLER ROVE  City ST PAVL  State MIN State Street Str  | 1. File Number <b>U</b> - 563  | 2. Fiscal Year Covered From:   |  |  |  |
| Name MAURICE L WICKSTROM  Name TRONWORKERS LOCAL 5/ Labor Organization File Number 023-158  P.O. Box, Bldg., Room No., if any  Street 851 PIERCE BUTLER ROVTE City ST PAUL State MD ZIP Code + 4 55104/1834 State MINNES + A ZIP Code + 4 55104/1834 State MINNES + A ZIP Code + 4 55104/1834 State MINNES + A ZIP Code + 4 55104/1834 State MINNES + A ZIP Code + 4 55104/1834 State MINNES + A ZIP Code + 4 55104/1834 State MINNES + A ZIP Code + 4 55104/1834 State MINNES + A ZIP Code + 4 55104/1834 State MINNES + A ZIP Code + 4 55104/1834 State MINNES + A ZIP Code + 4 55104/1834 State MINNES + A ZIP Code + 4 55104/1834 State MINNES + A ZIP Code + 4 55104/1834 State MINNES + A ZIP Code + 4 55104/1834 State MINNES + A ZIP Code + 4 55104/1834 State ZIP Code + 4   |  | [] / [] / 2004 Through: [12/31/2004  |  |  |  |
| P.O. Box, Bldg., Room No., if any  Street RST PIERCE ButLeR Route City St PAUL State MU ZIP Code + 4 SSTOP 1634  Street Route State MinNeSotA ZIP Code + 4 SSTOP 1634  Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  8. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  7.b. Amount.  Signature  15. Signature and verification. The undersigned declars, under payor and other applicable penalties of the law, that all of the information submitted in this report (including he information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions)   | 3. Name and address of person filing.  | 4. Name, file number, and address of labor organization.                       |  |  |  |
| P.O. Box, Bildg., Room No., if any  Street ST PIERCE BUHLER ROUTE City ST PAUL State MU ZIP Code + 4 55109 1334  State MU IN 109 COM 1 H CE  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  Street  City  Slignature  7.a. Nature of Interest, Transaction, or Income.  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  | Name MAURICE L WICKSTROM   | Name IRONWORKERS LOCAL 512   |  |  |  |
| Street \$51 PIERCE BUTLER ROUTE  City \$57 PAUL  State \$MN ZIP Code + 4 \$5105/1634 State \$MNWESoFA ZIP CODE |  | Labor Organization File Number 022-/58   |  |  |  |
| City St PAUL State MIN ZIP Code +4 55704 1034 State MINNES + A ZIP Code +4 55704 1034 State MINNES + A ZIP Code +4 55704 1034 State MINNES + A ZIP Code +4 55704 1034 State MINNES + A ZIP Code +4 55704 1034 State MINNES + A ZIP Code +4 55704 1034  Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)   | P.O. Box, Bldg., Room No., if any  | P.O. Box, Building and Room Number, if any                                     |  |  |  |
| State MIN ZIP Code + 4 55104/1634 State MINNES OF A ZIP Code + 4 55104  5. Position in labor organization.  Exp MIN/M9 Com/Iffee  Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  T.b. Amount.  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  | Street 851 PIERCE BUTLER ROUTE   | Street 851 PIERCE BUTLER ROUTE   |  |  |  |
| 5. Position in labor organization.  Exprison   Comparison   Exprison   Comparison   Exprison   Comparison   Exprison   Comparison   Exprison   Comparison   Compa  | City S+ PAUL   | City ST PAUL   |  |  |  |
| Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  | State M N ZIP Code + 4 55104 1634  | State MINNESO+A ZIP Code + 4 55104-1634  |  |  |  |
| (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  T.b. Armount.  Street  City  State  ZIP Code + 4   15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  | 5. Position in labor organization. EXAMINING                                   | com 1ttee  |  |  |  |
| T.b. Amount.  Street  City  State  ZIP Code + 4  Signature  Signature  Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)   | 6. Name and address of Employer (including trade name, if any).  Name          |  |  |  |  |
| State  ZIP Code + 4  Signature  Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  | P.O. Box, Bldg., Room No., if any  | 7 h Amount   |  |  |  |
| State  Signature  Signature  Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)   | Street   | T.S. FURGILL   |  |  |  |
| Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)   | City   |  |  |  |  |
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| submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  | Signature  |  |  |  |  |
| ,   | submitted in this report (including the information contained in any accompany | ring documents), has been examined by the signatory and is, to the best of the |  |  |  |
| Signed Manyor L Wickstrom on 7-6-05 763 754 5617  Date Telephone Number   | Signed Maurice L Wickstrom   | _  |  |  |  |

| Name of Person Filing MAURICE L WICKST   | ROM  | File Number <b>U</b> -                      |  |  |
|--|--|---|--|--|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. |  |   |  |  |
| 8. Name and address of Business (including trade name, if any).  Name TWIN CITIES IRONWORKERS APPRENTICE TRAINING FUND  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite Soo  Street 3001 Metro DRIVE  City BLOOMINGTON  State MN ZIP Code + 4 53425   | 9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer                                  | tion  |  |  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.  | 11.a. Nature of such deali   |   |  |  |
| Name   | PROVIDES   | APPRENTIC                                   |  |  |
| Trade Name, if any:  | UPTRADIA   | APPRENTIC<br>AND JOURNEY MAW<br>19 SERVICES |  |  |
| P.O. Box, Bldg., Room No., if any  | *  | ,     |  |  |
| Street   |  |   |  |  |
| City   | 11.b. Approximate dollar value 12.a. Nature of interest held                                       | d an income and the state of                |  |  |
| State ZIP Code + 4   | Reception AND DINNER PROVIDED IN CONNECTION WITH ATTENDANCE AT APPRENTICE GRADUATION CEREMONIES ON |   |  |  |
|  |  | AND 10-29-04                                |  |  |
|  | 12.b. Amount.  | \$100.00                                    |  |  |